Department of Labor & Industries
PO Box 44291
Olympia WA 98504-4291

FUNCTIONAL PROGRESS FORM

Please return this form to L&I at the address above for state fund claims
OR mail it directly to the self-insured company for self-insured claims.

Though voluntary, the attending physician is strongly encouraged to use this form to track the patient's progress over time.

How can I help my patient regain function and return to work?

1. At each office visit, use this form to chart your patient's functional progress.
2. Speak with the employer (or potential employers) to explore light-duty and/or modified work. Remember $5,000 may be available for job modifications.
3. Ask for help from the claim manager and/or nurse consultant (1-800-848-0811).
4. **When your patient's progress has reached a plateau:** please consider a consult. Or, if you feel the patient has reached maximum medical improvement, please consider doing an impairment rating or ask the department to obtain an independent medical examination.
5. For more information, see pages 9 - 14 of the Attending Doctor's Handbook (available at 1-800-848-0811).

Patient name	Date of injury	L&I Claim number

Employer Contact and phone:	Vocational Counselor and phone:
Claim Manager and phone:	Nurse Consultant at L&I and phone:

For what diagnosis(es) are you using opioids?

Start date of treatment
/   /

Graph 1: Pain Summary *(When treating with opioids, this estimate is the answer to question # 1 in "Opioid Progress Report Supplement")*

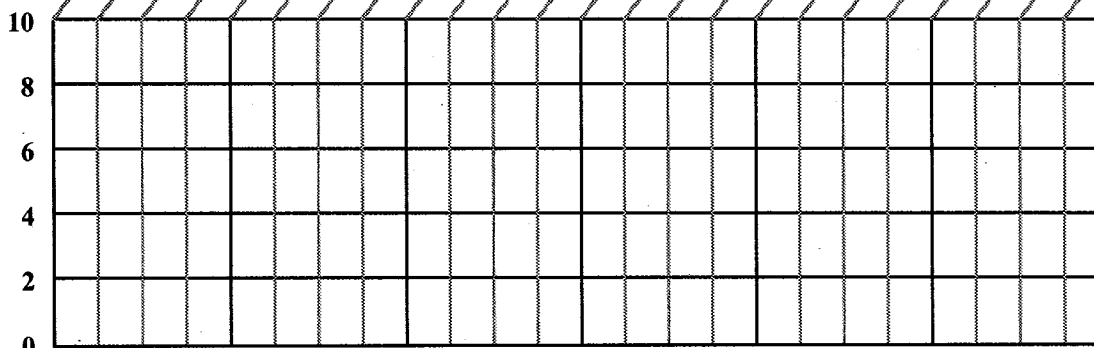10 = Worst possible pain

10
8
6
4
2
0 = No pain
0
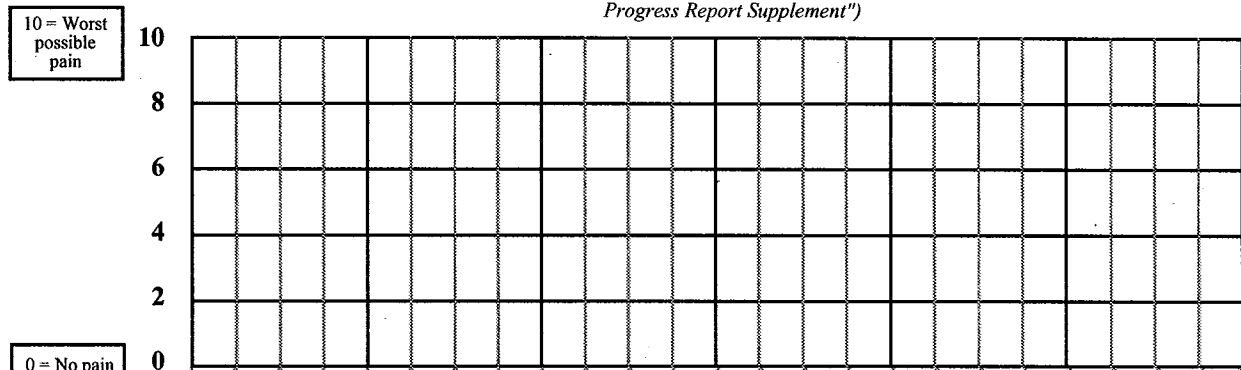
PLACE DATE OF OFFICE VISIT ON SLANTED LINES

10 = Level of function prior to injury

5 = Partially recovered function since injury

0 = Severe impact on function at home or work.

10
8
6
4
2
0

Graph 2: Functional Progress Summary *(When treating with opioids, this estimate is the answer to question #6b in "Opioid Progress Report Supplement.")*

F245-363-000 (PDF) functional progress   12-99